PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	correspondence including the contract of the c	g the Patent, advance or erwise in Block 1, by (a	ders and notification of r) specifying a new corres	naintenance fees wi spondence address;	ill be mailed to the current and/or (b) indicating a sep-	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
DR. MARK M. FRIEDMAN C/O BILL POLKINGHORN - DISCOVERY DISPATCH 9003 FLORIN WAY				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
UPPER MARLI	30RO, MD 20772					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/581,053 TITLE OF INVENTION	05/30/2006 I: PUMP BOTTLE CAP		Haimi Shlomo		3104/13	2080
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	DATEDUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/19/2010
EXAM		ART UNIT	CLASS-SUBCLASS			
MAUST, TIMOTHY LEWIS		3751	141-065000			
Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-0 Number is required 3. ASSIGNEE NAME A	lication (or "Fee Address 02 or more recent) attack ND RESIDENCE DATA less an assignee is ident th in 37 CFR 3.11. Com	" Indication form ned. Use of a Customer A TO BE PRINTED ON '	(B) RESIDENCE: (CIT	ively, le firm (having as a agent) and the name orneys or agents. If it printed. The printed. The printed assignment. Y and STATE OR C	member a 2es of up to no name is 3ee is identified below, the country)	M. Fried man
Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual U Co	orporation or other private gr	roup entity Government
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). 			
Arrents C.	atus (from status indicate		The Applicant is no los	near claiming SMAI	LL ENTITY status. See 37 (TFR 1 27(6¥2)
NOTE: The Issue Fee at	ns SMALL ENTITY stated and Publication Fee (if recond)	uired) will not be accepte	d from anyone other than			the assignee or other party in
Authorized Signature Typed or printed nan	ne Mark M.	Friedman		Registration N	April 18	2010
дјехарода, унгрина 22	313-1 4 30.				the public which is to file (as minutes to complete, includomments on the amount of the Trademark Office, U.S. De S. SEND TO: Commissione displays a valid OMB contra	nd by the USPTO to process ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450 of number.